## Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>8/31/10</u>	Address:	Shell Gas Station
Case #:	<u>52F-48748</u>		8722 W SR 252
County:	Shelby		Edinburgh, IN 46124
Type of Laboratory Scizure (check one)  Operational Lab Chemical/Glassware/Equipment (only) Dumpsite (only)		Seizure Location (c Residence Outbuilding Vehicle	Hotel/Motel Open No Structure Other;
Check all th   Lithium   Red Pho   Flamma   Water R   Manhydre   Hydroch   Corrosiv   Corrosiv   Corrosiv	nd: Location (bedroom, kitchen, open air apply)  /Ammonia Reaction(s):  osphorous/Iodine Reaction(s):  ble Solvents:  teactive Metal (Lithium):  ous Ammonia: open air  nloric Acid Gas Generator(s):  ve Acid:  ve Basc:  tem and location):	r, etc)	
Child under age 18 discovered (check one)  Yes (number present)  No  If yes, fax report to Child Protective Services  This report is to be faxed to the following ager		☐ Ephedrin☐ Retail/Mo☐ Other:	
Fire Depart	ment: Edinburgh Fire	Fax: 812-5	<u> 26-3536</u>
-	artment: Shelby Co. Health	Fax: (317)	
Child Prote	ction Service:	Fax:	-
For further information regarding this methamphetamine laboratory, contact Investigating Officer: Tom Egler Phone 317-234-4591			

<sup>\*\*</sup> This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

<sup>\*\*\*</sup> This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.